



A division of  
Reichel Dermatology Associates, PLLC  
21701 76th Ave Ste 102  
Edmonds, WA 98026-7536

## Financial Policy

*Thank you for choosing us for your skin care needs. We are committed to providing you with the best possible medical care. The following is a statement of our appointment and financial policies which we require you to read and sign prior to your treatment.*

### **APPOINTMENT AND FINANCIAL POLICY – EFFECTIVE 08/01/2019**

A scheduled appointment is a commitment of time between the doctor and patient. We have reserved time just for you. When appointments are missed or canceled with short notice, that time is lost. We ask that when you make an appointment for treatment, you make every effort to keep that appointment. We understand that emergencies do arise. However, if you find that you cannot keep your scheduled appointment, we require a minimum of one 24 hour business day notice of your cancellation to allow us time to schedule another patient in need of treatment. Please note that if you arrive late to your appointment, we will do our best to work you back into the schedule, however, you may be asked to reschedule.

<b><u>OUR RESPONSIBILITY:</u></b>	
<ul style="list-style-type: none"> <li>❖ To bill all claims to your primary and secondary insurance carriers in a timely manner.</li> <li>❖ To assist you in resolving any problems with claim payment.</li> </ul>	
<b><u>YOUR RESPONSIBILITY:</u></b>	<b>Please Initial</b>
<ul style="list-style-type: none"> <li>❖ To provide us with accurate information to submit your claims correctly and to include a copy of your insurance card.</li> <li>❖ To make certain there is an authorization for our physicians to treat you if it is required by your insurance.</li> <li>❖ To pay your copay at the time of service. We accept Cash, Check, Credit/Debit Card, and Care Credit at select locations. No Post-Dated or Third-Party Checks. All returned and NSF checks will result in a \$25.00 fee.</li> <li>❖ Complete a credit card authorization form and present a credit card, Health Savings or Flexible Spending card to be encrypted for automatic payment of remaining copay, coinsurance, deductible balances when they become due on your account as determined by your insurance plan.</li> </ul>	_____
<b><u>REFERRALS/AUTHORIZATIONS:</u></b>	_____
<ul style="list-style-type: none"> <li>❖ Referrals and/or Authorizations are not a guarantee of payment. You are responsible for any balances classified as 'Patient Responsibility' by your insurance company. Any dispute with claim processing is between you and your insurance company.</li> </ul>	_____
<b><u>PAYMENT ARRANGEMENTS:</u></b>	_____
<ul style="list-style-type: none"> <li>❖ If your authorized credit card expires or payment cannot be processed for any reason, you will be notified by mail of the failed attempt and receive a copy of your statement of the outstanding balance due. Please contact our billing office to update your credit card information or make necessary payment arrangements before the next 28 day billing cycle.</li> <li>❖ Past Due Account balances must be settled prior to making or being seen for a subsequent appointment.</li> <li>❖ A late fee of 3% will be assessed to your open account balance if the account becomes aged after 60 days without a payment arrangement established.</li> </ul>	_____
<b><u>GENERAL INFORMATION:</u></b>	_____
<ul style="list-style-type: none"> <li>❖ Allied Dermatology does not bill absent parents for payments due at the time of service. The adult presenting the minor for care is the responsible party.</li> <li>❖ Skin biopsies and pathology services performed in-house will be charged along with an office visit, which may be applied to your deductible along with your copay and coinsurance percentage. If further testing is required to obtain an accurate diagnosis, your specimen will be sent to an outside laboratory where separate charges may apply.</li> <li>❖ <b>Missed appointments</b> or appointments canceled with less than one (24 hour) business day notice will require a credit card captured at the time of rescheduling to secure your next appointment. If you miss or cancel your rescheduled appointment without required notice, your card will be charged for a missed appointment fee of \$50.00 for a standard appointment, or \$100.00 for a missed surgery appointment. Insurance companies do not reimburse for missed appointment charges.</li> </ul>	_____
<ul style="list-style-type: none"> <li>❖ Ambulatory Surgery Center patients may be charged a facility fee. This covers our expenses for maintaining an accredited ambulatory surgery center. Insurers consider procedures in an ambulatory surgical center out-patient surgery. Some insurance plans require increased coinsurance payment for these procedures – Medicare does not.</li> </ul>	_____
<b><u>COLLECTION POLICY:</u></b>	_____
<ul style="list-style-type: none"> <li>❖ Allied Dermatology has a collection policy in place for delinquent accounts. If we have been unable to obtain payment in full or maintain scheduled payment arrangements from you after 3 months of repeated attempts, the account will be turned over to our collection agency and you will be discharged from the practice.</li> <li>❖ Patients who are discharged from Allied Dermatology due to non-payment may request a copy of their medical records be sent to the health care provider of their choice in order to continue care.</li> </ul>	_____

I certify that I have read the financial and appointment policies of Allied Dermatology, and I agree to abide by these policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian must sign if patient is under 18)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Medical Record # \_\_\_\_\_